Application Data Sheet

Application Information

Αp	la	ica	tion	number:	•
	ъ.				•

Filing Date::

Application Type::

Subject Matter::

Suggested classification::

Suggested Group Art Unit::

CD-ROM or CD-R?::

Number of CD disks::

Number of copies of CDs::

Sequence submission?::

Computer Readable Form (CRF)?::

Number of copies of CRF::

Title::

Multiplexed Electrode Array Extension

Attorney Docket Number::

11738.00024

NO

NO

11/09/01

Regular

Utility

None

Request for Early Publication?::

Request for Non-Publication?::

Suggested Drawing Figure::

_ . _ . _ . . _ .

Total Drawing Sheets::

Small Entity?::

3 NO

Latin name::

Variety denomination name::

Petition included?::

NO

Petition Type::

Licensed US Govt. Agency::

Contract or Grant Numbers::

Secrecy Order in Parent Appl.?::

NO

Applicant Information

Applicant Authority Type:: Inventor

Primary Citizenship Country:: USA

Status:: Full Capacity

Given Name:: Paul

Middle Name::

Family Name:: Stypulkowski

Name Suffix::

City of Residence:: N. Oaks

State or Province of Residence:: Minnesota

Country of Residence:: USA

Street of mailing address:: 61 Deer Hills Ct.

City of mailing address:: N. Oaks

State or Province of mailing address:: Minnesota

Country of mailing address:: USA

Postal or Zip Code of mailing address:: 55127

Applicant Authority Type:: Inventor

Primary Citizenship Country::

Status:: Full Capacity

Given Name::

Middle Name::

Family Name::

Name Suffix::

City of Residence::

State or Province of Residence::

Country of Residence::

Street of mailing address::

City of mailing address::

State or Province of	of mailing	address::
----------------------	------------	-----------

Country of mailing address::

Postal or Zip Code of mailing address::

Applicant Authority Type::

Inventor

Primary Citizenship Country::

Status::

Full Capacity

Given Name::

Middle Name::

Family Name::

Name Suffix::

City of Residence::

State or Province of Residence::

Country of Residence::

Street of mailing address::

City of mailing address::

State or Province of mailing address::

Country of mailing address::

Postal or Zip Code of mailing address::

Correspondence Information

Correspondence Customer Number::

22908

Representative Information

Representative Customer Number::

22908

Domestic Priority Information

Application::	Continuity Type::	Parent Application::	Parent Filing Date::

,		
1	i	
i		
1		
l I		
1		
	·	
	· ·	

Foreign Priority Information

Country::	Application number::	Filing Date::	Priority Claimed::
			· · · · · · · · · · · · · · · · · · ·
		·	

Assignee Information

Assignee name:: Medtronic, Inc.

Street of mailing address:: 710 Medtronic Parkway NE

City of mailing address:: Minneapolis

State or Province of mailing address:: Minnesota

Country of mailing address:: USA

Postal or Zip Code of mailing address:: 55432-5604